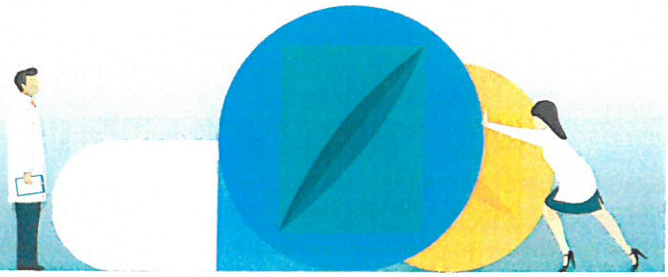
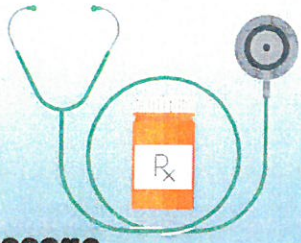
Iowa's PRESCRIPTION Monitoring Program (PMP)



What should I consider when prescribing controlled substances?



Dosage

Consider explaining to your patient what Morphine Milligram Equivalents (MME) are and risks associated with exceeding 50MMEs per day. Discuss the possibility of tapering/reducing opioids as well as prescribing naloxone for patients taking 50MME/day or more.

Multiple Providers

Counsel your patient and coordinate care with their other prescribers to improve safety and discuss the need to obtain opioids from a single provider. Check the PMP regularly and consider tapering or discontinuation of opioids or use of other non-pharmacologic methods.

Drug Interactions

When indicated, avoid prescribing opioids and benzodiazepines concurrently. Communicate with other prescribers to prioritize patient goals and weigh risks of concurrent opioid and benzodiazepine use.

Checking the PMP:

An important step to improving opioid prescribing practices

What is a PMP?

The PMP is a health care tool for practitioners to assist in identifying potential diversion, misuse or abuse of controlled substances by their patients while facilitating the most appropriate and effective medical use of those substances.

PMPs improve patient safety by allowing clinicians to:

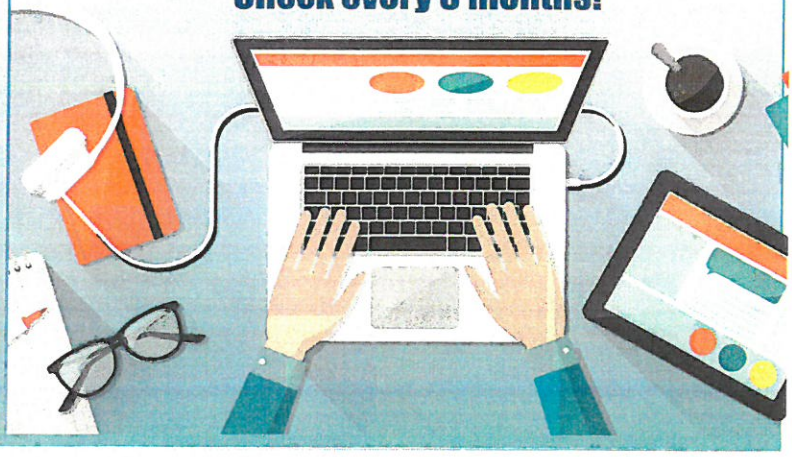
- ✓ Identify patients who are obtaining opioids from multiple providers.
- ✓ Calculate the total amount of opioids prescribed per day (in MME/day).
- ✓ Identify patients who are being prescribed other substances that may increase risk of overdose – such as benzodiazepines.

When should I check the PMP?

The CDC recommends checking:

- Prior to prescribing any opioid or controlled substance.
- Every three months.
- Utilize support staff as your delegates or agents for checking the PMP when a patient arrives to the clinic or hospital to save time.

Check every 3 months!



What should I do if I find information about a patient in the PMP that concerns me?

Patients should not be dismissed from care based on PMP information. Use the opportunity to provide potentially life-saving information and interventions.

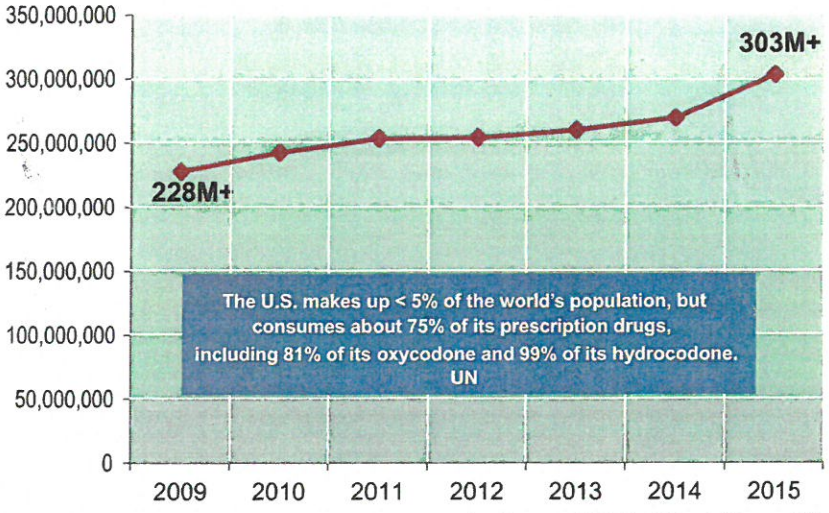
1. **Confirm that the information in the PMP is correct.** Check for potential data entry errors, use of a nickname or maiden name, or possible identity theft to obtain prescriptions.
2. **Assess for possible misuse or abuse.** Use a screening process such as SBIRT to assess for possible misuse or abuse with a valid tool: i.e., the Drug Abuse Screening Test (DAST). Assess risk with the Opioid Risk Tool (ORT), then partner with a treatment provider for referral when needed. Visit the www.yourlifeiowa.org website.
3. **Discuss any areas of concern with your patient and emphasize your interest in their safety.** Consider entering the patient into a formal pain contract, if not already established.

PMP Facts

- You may allow up to six delegates or agents (non-prescribing employees in your practice whom you designate to access the PMP) to register under your supervision.
- Iowa's PMP provides information from all states that utilize a PMP and have an agreement with the state of Iowa to share information.
- Only licensed pharmacies are required to report data to the Iowa PMP.
- With recent legislative authority, the Iowa PMP can connect with your clinic/hospital EHR/EMR software.

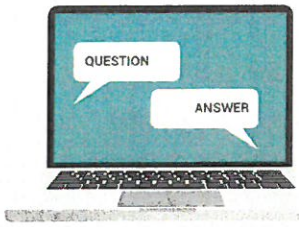
Iowa PMP: Doses Dispensed

Controlled Prescription Drugs, Schedule II-IV



Iowa Department of Public Health, Board of Pharmacy, 2016

How can I register and use the Iowa PMP?



Visit this link:
https://pmp.iowa.gov/IAPMPWebCenter/Login.aspx

Board of Pharmacy Iowa

IOWA PHARMACY ASSOCIATION

CDC Centers for Disease Control and Prevention

IDPH Iowa Department of Public Health

Created August 2017.

Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

Opioid Use in Iowa: An Update

Thought to be an issue only in major U.S. cities or more populated states, use of opioids (which includes heroin and prescription pain relievers) is becoming a problem of epidemic proportions in more rural areas of the country. While alcohol, marijuana and methamphetamines remain the primary substances misused in Iowa, in the last decade significant increases have been observed in the number of Iowans identifying opioids as their drug of choice at the time of admission to treatment – and in the number of overdose deaths.

Data collected by the Bureau of Substance Abuse show that treatment admissions related to opioid use have more than tripled since 2005. In addition, data from the Bureau of Health Statistics show that opioid *overdose* and *related* deaths have also tripled during the same time period (*overdose* meaning an opioid was identified as the *primary cause of death* in the medical examiner's report; *related* meaning an opioid was referenced in the medical examiner's report and *could have contributed to the cause of death*).

Opioid Treatment Admissions:

Number of admissions in **2005**	*Number of admissions in* **2016**
608	2,274

Opioid Overdose Deaths:

Number of overdose deaths in **2005**	*Number of overdose deaths in* **2016**
28	86

Opioid Related Deaths:

Number of opioid related deaths in **2005**	*Number of opioid related deaths in* **2016**
59	180

Why the increase?
According to the Centers for Disease Control and Prevention (CDC), in 2012, health care providers wrote 259 million prescriptions for opioid pain relievers – enough for every American adult to have a bottle of pills. Prescription opioid sales in the United States have increased by 300% since 1999, even though there has not been an overall change in the amount of pain Americans report. In a study by the International Narcotics Control Board, the United States accounts for nearly 100% of the Hydrocodone used globally and 81% of Oxycodone used.

As people use opioids continuously their tolerance increases, but they may not be able to maintain their original source for the medication. This can lead them to turn to other sources and even switch from prescription drugs to cheaper and riskier substitutes like heroin. While no cause and effect relationship has been proven, prescription use and its possible connection in developing a substance use disorder and overdose warrants continued monitoring.

How is opioid dependency treated?
Several options are available for effectively treating prescription and other opioid dependence. These options include a combination of counseling approaches and medications such as Naltrexone, Methadone, and Buprenorphine.

What treatment options are supported in Iowa?
For the past 20 years, the Iowa Department of Public Health (IDPH) has funded selected opioid treatment programs to provide medication assisted treatment to Iowans in the form of methadone maintenance. As approaches to medication assisted treatment continued to evolve, through its Access to Recovery (ATR) grant, IDPH began funding additional medications such as Naltrexone and Buprenorphine. In 2015, SAMHSA awarded IDPH a Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA) grant to further support Iowa's efforts in addressing opioid misuse.

What is being done to prevent opioid overdose deaths?
In 2016, Governor Branstad signed *Senate File 2218* and *House File 2460* into law, which increased availability of Naloxone for persons in a position to assist. Following this, State Epidemiologist Dr. Patricia Quinlisk issued a statewide "standing order" allowing a person in a position to assist in the event of an opioid overdose, to go into any participating pharmacy and purchase Naloxone without first having to see a physician.

For more information about treatment for an opioid use disorder in Iowa, please visit the IDPH Medication Assisted Treatment webpage at http://idph.iowa.gov/mat.